

**APPLICATION FOR APPOINTMENT TO CALIFORNIA STATE BAR
BUSINESS LAW SECTION STANDING COMMITTEE**

Print out and complete the following application and return with resume. Applications will be accepted until all vacancies are filled.

Pauline Stevens

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For more information, see [Business Law Standing Committee Appointments](#).

Part I of III: Part II of III.

(Name of Applicant)	
(Firm or Employer)	
(Business Address)	
(City, Zip Code)	
(Telephone Number)	(Fax Number)
(E-mail Address)	
California State Bar Admission Year: _____ ; Bar Number: _____ Member of Business Law Section __ (Y/N)	Other State Bar Admissions _____ (State & Date)
(Applicants must have been a member of a state bar for at least 5 years and must be a member of the Business Law Section of the California State Bar.) I apply for appointment to the following Committee (if more than one, please list in order of preference):	
1.	3.
2.	4.
Have you previously applied for appointment to a Business Law Section Committee without being appointed? Year and Committee:	
Previous Bar Section or Committee service (dates and description):	
Other bar association activities (describe membership on committees, publications, etc.):	

I am presently:

<input type="checkbox"/> a sole practitioner	<input type="checkbox"/> in a 35+ lawyer office
<input type="checkbox"/> in a 2-10 lawyer office	<input type="checkbox"/> in a corporate law department
<input type="checkbox"/> in an 11-35 lawyer office	other _____

Applicants are requested, but not required, to complete this part of the Appointment Application. The Business Law Section strives to have the composition of its Standing and Ad Hoc Committees reflect the diversity of its membership. The Section urges members of underrepresented groups to apply for Committee membership. It is the policy of the State Bar of California to provide equal access to State Bar entities to all applicants. The State Bar does not discriminate against persons on the basis of gender, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS) or mental disability, medical condition (cancer), age (over 40), marital status, denial of family care leave, political affiliation, sexual orientation, disabled veteran or Vietnam era veteran status.

The following information is not required and any decision to supply all or any part of the requested information will not adversely affect your chances for appointment. We are giving you the opportunity to complete this portion of the Appointment Application in order to review our progress in complying with this policy and to better evaluate the efforts of our recruitment and appointment process. Please indicate which of the following categories describes you:

Male ☐ Female ☐ Your Age _____

Please indicate which one of the following categories describes you:

<input type="checkbox"/> Native American or Alaskan (Descended from any of the original peoples of North America)	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American)
<input type="checkbox"/> Filipino	<input type="checkbox"/> Indian subcontinent (Pakistan, India, Bengal, etc.)
<input type="checkbox"/> Pacific Islander (Melanesian, Malaysian, Polynesian)	<input type="checkbox"/> African-American/Black (excludes persons of Hispanic origin)
<input type="checkbox"/> Asian (includes Chinese, Japanese, Korean, and peoples of Southeast Asia)	<input type="checkbox"/> White (includes persons having origin in any of the original peoples of Europe, Russia, North Africa, and the Middle East, generally corresponding to those persons not classified into one of the categories listed above.)
If the above designations do not best describe you, please provide the description you prefer:	

Part III of III.

Please remember to attach a copy of your resume. Signature and Date (Required).

Date:	Signature:
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